

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009482

Entity Name: GUIDEWELL MUTUAL HOLDING CORPORATION**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246 US**FEI Number:** 46-3949427**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MACCARTHY, DEIRDRE
4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DEIRDRE MCCARTHY

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name GERAGHTY, PATRICK J
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title CFO
Name GODDARD, JEFFREY W
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name JOSEPH, CHARLES S
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name COATS, WILLIAM A
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-5
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name HALVERSON, STEVEN T
Address 825 MAPLETON TERRACE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name KUNTZ, THOMAS G
Address 1568 HOLTS GROVE CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title CHAIRMAN
Name MILLS, HAROLD F
Address 11900 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34768

Title DIRECTOR
Name SASTRE, MARIA A
Address 2420 INDIAN MOUND TRAIL
City-State-Zip: CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S. JOSEPH**SECRETARY**

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COST, TIMOTHY P
Address 365 ROYAL TERN ROAD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name BLUM, KRISTEN E
Address 4938 MONTEREY DRIVE
City-State-Zip: FRISCO TX 75034

Title ASST. SECRETARY
Name HORNE, SUZANNE U
Address 4800 DEERWOOD CAMPUS PARKWAY DC 1-7
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name BURWELL, SYLVIA M
Address 3244 NEBRASKA AVENUE NW
City-State-Zip: WASHINGTON DC 20016

Title DIRECTOR
Name THAKKAR, RASESH H
Address 9833 LAKE LOUISE DRIVE
City-State-Zip: WINDERMERE FL 34786